

## AMENDMENT TRANSMITTAL FORM

U. S. Serial N Filed: Janua For: HYDI GROU Commission P. O. Box 14	ROCRACKING PROC UP VIII/GROUP VIB C Ier for Patents	Before the Exam John Christop Confirmation No Group Art Unit: Family Number:	oher Douglas o.: 4545 1797			
dence v the Cor	dersigned hereby certification will be deposited as firs mmissioner for Patents, erewith is an amendme	t-class mail wi P.O. Box 145	ith the United State 0, Alexandria, Vir	es Postal Service ginia 22313-1450	in an envelope a	addressed to
Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$						
CLAIMS AS AMENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Numbo Previously Paid		(6) Rate	(7)
Total Claims	*	Minus	**		x 50.00	
Indep. Claims	*	Minus	***		x 210.00	Ø
MULTIPLE DEPENDENT CLAIM FEE					\$370.00	$\phi$
FEE FOR CLAIM CHANGES						
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  *** If the "Higher Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  The total fee for this RCE and INFORMATION DISCLOSURE STATEMENT, including claim changes and any extension of time is calculated to be \$ 1, 110.00  X Charge \$ 1, 110.00 to Deposit Account No. 05-1330.  X The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330.  A duplicate copy of this Form is enclosed.						
3/24/2008				Alternation Agent of Record		
Post Office Address: [to which correspondence is to be sent] ExxonMobil Research and Engineering Company P. O. Box 900 Annandale, New Jersey 08801-0900				Afteriney or Agent of Record  LAWRENCE E. CARTER Registration No. 51,532 Facsimile Number: (908) 730-3649  X Pursuant to 37 CFR 1.34(a)		